LAIMAN	2 (REV. 6/93 T'S NAME)		SSAN OR EMPLOYEE NUMBER* DEPA						TMENT					
Anthony P. Sauer													ehabilitation		
CB/ID NUMBER							DIVISION OR BUREAU								
813-001-9785-001 E99						Director's Office							TELEPHONE	NUMBER	
							721 Capitol Mall						(916) 558-5800		
CITY STATE ZIP COD												STATE	ZIP CODE		
IONTH	(1) YEAR	Iro		(5)	MENIO	Sacramer		()	T0.411	00007170		CA	(0)	95814	
ept	2009	(3) LOCATION	(4)	(5)	MEALS	O.T., L/T	(6)	(7) (A)	(B)	SPORTATION (C) TOLLS,	JN	(D)	(8)	(9) TOTAL	
2)		WHERE EXPENSES	LODGING	BREAK-		N/C, REL0,	INCIDEN-	COST OF	TYPE	CARFARE,	PRIVA [*]	TE CAR USE	BUSINESS	EXPENSES	
AY	TIME	WERE INCURRED		FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
23	800	Sac to Fresno	94.08		10.00	18.00	6	SC				0.00		128.09	
	000	Western Region	04.00		10.00	10.00		00				0.00		120.00	
24		Disability Conference	94.08	6.00	10.00	18.00	6.00					0.00		134.08	
25		Center for Independen Living Event	t 94.08	6.00		18.00	6.00					0.00		124.08	
							0.00								
26	1130	Fresno to Sac		6.00								0.00		6.00	
												0.00		0.00	
												0.00		0.00	
0)	SUBT	OTALS	282.24	18.00	20.00	54.00	18.00	0.00		0.00	0	0.00	0.00	392.25	
LAIN		ACCTG. USE ONLY)	-												
													•		
CLAIM TOTAL												(12) NORMAL V	S VORK HOURS	392.25	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)												, ,			
Directo	or's Office		Presenter a		stern Regi	ion Disabili	ty Confere	ence and gu	uest		-	(13) PRIVATE V	/EHICLE LICEN	NSE NUMBER	
	speaker	at the Center for Independen	t Living Eve	nt							-				
											•	(14) MILEAGE	RATE CLAIME	\$0.550	
												AGENC	Y ACCOU	NTING	
													CE USE O		
E) I HED	EDV CEDTIEV	That the above is a true statement of the travel	avnanaa ingurrad	I by me in coors	donos with DD/	S rules in the con	ion of the State	of California If a	privotok			PAID BY REVO	LVING FUND CI	HECK NUMBER	
vned veh	icle was used,	and if mileage rates exceed the minimum rate,	I certify that the cos	st of operating th	ne vehicle was	equal to or greate									
	quirements as p NT'S SIGNA	prescribed by SAM Sections 0750, 0751, 0752, TURE	oros and 0754 per	DATE	e salety and se		URE OF OFF	ICER APPRO	VING T	RAVEL ANI) PAYMI	ENT	DATE		
	C) 41 1-	al signed by Anthony Sa				>	Chaire -	signed b		:	7				